

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

 The name of the limited liability partnership is: The Professional Happy Squirrel, L.L.P.

(Remember to include the words "Limited Liability Partnership," Registered Limited Liability Partnership, "or the permitted abbreviations) (If the limited liability partnership is a <u>professional entity</u> (as indicated in #7) the name may include the word "professional" before the word "Emited," or the letter "P" at the beginning of any of the permitted abbreviations (

 The street address of the limited liability partnership's principal office is: 6175 S. Tall Pines Rd, CDA, ID 83814

(Street Address)

(Mailing Address if different)

3. The street address of an office in this state, if any (if different from #2):

(Street Address)

Name and street address of the registered agent:
 Angela Johnson
 6175 S. Tall Pines Rd, CDA, ID 83814/427 S. Ross Point, Post

(Name)

(Address)

 Mailing address for future correspondence (annual report notices): 6175 S. Tall Pines RD, CDA, ID 83814

(Adoress)

- 6. By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.
- 7. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

(If applicable lenter one of the permitted professional services here. "Check instructions for list of permitted professions)

8. Signatures of all partners:

Angela Johnson Printed Name:	
signature: Mgola Jhngh	-
Isabelle Pedroza Printed Name:	
Signature Follel Ela	
	Rev. 08/2015

Secretary of State use only

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